

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014 OF THE CONDITION AND AFFAIRS OF THE

Sparrow PHP

NAIC	Group Code 3408 3408 (Current) (Prio		e <u>1</u> 1	537 Employer's	ID Number _	36-4497604
Organized under the Laws of			State of I	Domicile or Port of E	Entry	Michigan
Country of Domicile		United States of	of Ameri	ca		
Licensed as business type:		Health Maintenanc	e Organ	ization		
Is HMO Federally Qualified?	Yes[] No[X]					
Incorporated/Organized	05/23/2002		Com	menced Business		01/01/2003
Statutory Home Office	1400 East Michigan A	venue ,			Lansing, M	II, US 48912
	(Street and Numb	er)		(City o	or Town, State,	Country and Zip Code)
Main Administrative Office		1400 East Michig	gan Ave	nue		
	Lansing , MI, US 48912	(Street and N	,		517-36	64-8400
(City or	Town, State, Country and Zip Code	· ;		(lephone Number)
Mail Address	1400 East Michigan Avenu	ıe ,			Lansing, M	II, US 48912
	(Street and Number or P.O. I					Country and Zip Code)
Primary Location of Books and	d Records	1400 East Michi	igan Ave	enue		
	Lansing , MI, US 48912	(Street and N	Number)		E17 20	64-8400
(City or	Town, State, Country and Zip Code	<u> </u>		(lephone Number)
Internet Website Address		www.phpm	nm.ora			
•	Varia Fa				-	17.004.0400
Statutory Statement Contact	Kevin Ess (Na	me)		,		17-364-8400 (Telephone Number)
k	evin.essenmacher@phpmm.org	,				64-8407
	(E-mail Address)				(FAX I	Number)
5	D 1 D	OFFICE	ERS			к
President & Secretary _	Dennis Rees James Butler			Controller _		Kevin Essenmacher
onamporoon <u>.</u>				-		
		OTHE	:K		-	
Denni	s Reese	DIRECTORS OR James B		TEES		Gwen Hall
State of	Michigan	– ss:				
County of	Ingham	_ _				
all of the herein described as statement, together with relate condition and affairs of the sa in accordance with the NAIC rules or regulations require respectively. Furthermore, th	sets were the absolute property of ed exhibits, schedules and explanati id reporting entity as of the reporting Annual Statement Instructions and differences in reporting not relate e scope of this attestation by the di	the said reporting entity, to ions therein contained, anny g period stated above, and Accounting Practices and d to accounting practices escribed officers also inclu	free and nexed or of its in Procedu and prodes the	clear from any lier referred to, is a full come and deduction ures manual except rocedures, accordin related correspondi	is or claims the and true statem is therefrom for to the extent the g to the best ing electronic fil	nd that on the reporting period stated above reon, except as herein stated, and that this nent of all the assets and liabilities and of the the period ended, and have been completed at: (1) state law may differ; or, (2) that state of their information, knowledge and beliefing with the NAIC, when required, that is are by various regulators in lieu of or in addition
Dennis Rec President & Se		James Bu Chairper				Kevin Essenmacher Controller
Subscribed and sworn to befo	re me this		b. 	ls this an original filing if no, State the amendre Date filed	nent number	

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.	0	0	0	0	0	0
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	0	0	0	0	0	0
0299999. Total group	0	0	0	0	0	0
0399999. Premiums due and unpaid from Medicare entities	0	0	0	0	0	0
0499999. Premiums due and unpaid from Medicaid entities	45,000	11,321	10,226	23,985	0	90,532
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	45,000	11,321	10,226	23,985	0	90,532

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Medco Pharmacy Rebates	62,100	0	0	0	0	62,100
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	0	0	0	0	0	0
0199999. Total Pharmaceutical Rebate Receivables	62,100	0	0	0	0	62,100
Claim Overpayment Receivable-Various	8, 116	9,453	2,918	313	20,800	0
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	0	0	0	0	0	0
0299999. Total Claim Overpayment Receivables	8,116	9,453	2,918	313	20,800	0
	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	0	0	0
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
Medco Receivable	0	0	0	68,800	68,800	0
Physician Incentive Plan	90,000	90,000	90,000	270,000	0	540,000
Maternity Case Rate Receivable	257,490	70,225	15,605	0	0	343,321
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	347,490	160,225	105,605	338,800	68,800	883,321
0799999 Gross health care receivables	417,706	169,678	108,523	339,113	89,600	945,421

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece	eivables Collected the Year	Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1	2	3	4		Estimated Health Care
	On Amounts Accrued	On Amounts Accrued	On Amounts Accrued December 31 of	On Amounts Accrued	Receivables in Prior Years	Receivables Accrued as of December 31
Type of Health Care Receivable	Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	of Prior Year
Pharmaceutical rebate receivables	99,553	187 , 158	0	62,100	99,553	83,000
Claim overpayment receivables	80,114	754,476	3,679	17,120	83,794	65,254
Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	0	0	0
6. Other health care receivables	510,751	567,678	0	952,121	510,751	349,142
7. Totals (Lines 1 through 6)	690,418	1,509,311	3,679	1,031,341	694,098	497,396

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims											
1	2	3	4	5	6	7					
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total					
Claims Unpaid (Reported)											
0199999. Individually listed claims unpaid	0	0	0	0	0	C					
0299999. Aggregate accounts not individually listed- uncovered	0	0	0	0	0	C					
0399999. Aggregate accounts not individually listed-covered	1,305,346	281,620	67,974	0	0	1,654,940					
0499999. Subtotals	1,305,346	281,620	67,974	0	0	1,654,940					
0599999. Unreported claims and other claim reserves	· · · · · · · · · · · · · · · · · · ·					5,553,721					
0699999. Total amounts withheld						C					
0799999. Total claims unpaid						7,208,661					
·						. , ,					
						/ 					
0899999 Accrued medical incentive pool and bonus amounts	,					790, 185					

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admi	itted				
						7	8				
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current				
0199999. Individually listed receivables	0	0	0	0	0	0	0				
0299999. Receivables not individually listed	0	0	0	0	0	0	0				

					-						
0399999 Total gross amounts receivable	0	0	0	0	0	0	0				

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
PHYSICIANS HEALTH PLAN	INTERCOMPANY PAYABLES	579,783	579,783	0
PHYSICIANS HEALTH NETWORK	INTERCOMPANY PAYABLES	305,294	305,294	0
0199999. Individually listed payables		885,077	885,077	0
0299999. Payables not individually listed		0	0	0
0399999 Total gross payables		885,077	885,077	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6 Column 1
	Direct Medical	Column 1	Total	Column 3	Column 1	Expenses Paid to
	Expense	as a %	Members	as a %	Expenses Paid to	Non-Affiliated
Payment Method	Payment	of Total Payments	Covered	of Total Members	Affiliated Providers	Providers
Capitation Payments:						
1. Medical groups	0	0.0		0	0	0
2. Intermediaries.	0	0.0		00.0	0	0
3. All other providers	0	0.0		0	0	0
4. Total capitation payments.	0	0.0		0	0	0
Other Payments:						
5. Fee-for-service	791,520	1.4	XXX	XXX	0	791,520
6. Contractual fee payments	54,296,175	95.1	XXX	XXX	44,429,514	9,866,661
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	2,007,070	3.5	XXX	XXX	2,007,070	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	57,094,765	100.0	XXX	XXX	46,436,584	10,658,181
13. TOTAL (Line 4 plus Line 12)	57,094,765	100%	XXX	XXX	46,436,584	10,658,181

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT I FAIT E COMMAND OF THATCACTIONS WITH IN				
1	2	3	4	5	6
			Average		Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned $N\ O\ N\ E$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Sparrow PHP 2. Lansing, MI REPORT FOR: 1. CORPORATION (LOCATION)

								(LOCATION	,	
NAIC Group Code 3408 BUSINESS	IN THE STATE OF					DURING THE YE		NAIC Con	pany Code	11537
	1	Comprehensive (Hos		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	17,585	700	0	0	0	0	0	0	16,885	
2. First Quarter	18 , 160	666	0	0	0	0	0	0	17,494	
3. Second Quarter	19,770	655	0	0	0	0	0	0	19,115	
4. Third Quarter	19,344	861	0	0	0	0	0	0	18,483	
5. Current Year	19,753	1,575	0	0	0	0	0	0	18,178	
6. Current Year Member Months	230,243	18,900	0	0	0	0	0	0	211,343	
Total Member Ambulatory Encounters for Year:										
7 Physician	98,230	3	0	0	0	0	0	0	98,227	
8. Non-Physician	58,470	0	0	0	0	0	0	0	58,470	
9. Total	156,700	3	0	0	0	0	0	0	156,697	
10. Hospital Patient Days Incurred	9,984	0	0	0	0	0	0	0	9,984	
11. Number of Inpatient Admissions	2,446	0	0	0	0	0	0	0	2,446	
12. Health Premiums Written (b)	67,717,631	97,820	0	0	0	0	0	0	67,619,811	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	67,717,631	97,820	0	0	0	0	0	0	67,619,811	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	57,094,765	582,991	0	0	0	0	0	0	56,511,774	
18 Amount Incurred for Provision of Health Care Services	58,073,254	670,386	0	0	0	0	0	0	57,402,868	



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

Sparrow PHP 2. Lansing, MI REPORT FOR: 1. CORPORATION (LOCATION)

								(LOCATIOI		
NAIC Group Code 3408 BUSINES	S IN THE STATE OF					DURING THE YE		NAIC Com	npany Code	11537
	1	Comprehensive (Hos	sive (Hospital & Medical) 4 3		5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	17,585	700	0	0	0	0	0	0	16,885	
2. First Quarter	18 , 160	666	0	0	0	0	0	0	17,494	
3. Second Quarter	19,770	655	0	0	0	0	0	0	19,115	
4. Third Quarter	19,344	861	0	0	0	0	0	0	18,483	
5. Current Year	19,753	1,575	0	0	0	0	0	0	18,178	
6. Current Year Member Months	230,243	18,900	0	0	0	0	0	0	211,343	
Total Member Ambulatory Encounters for Year:										
7 Physician	98,230	3	0	0	0	0	0	0	98,227	
8. Non-Physician	58,470	0	0	0	0	0	0	0	58,470	
9. Total	156,700	3	0	0	0	0	0	0	156,697	
10. Hospital Patient Days Incurred	9,984	0	0	0	0	0	0	0	9,984	
11. Number of Inpatient Admissions	2,446	0	0	0	0	0	0	0	2,446	
12. Health Premiums Written (b)	67,717,631	97,820	0	0	0	0	0	0	67,619,811	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	67,717,631	97,820	0	0	0	0	0	0	67,619,811	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	57,094,765	582,991	0	0	0	0	0	0	56,511,774	
18 Amount Incurred for Provision of Health Care Services	58,073,254	670,386	0	0	0	0	0	0	57,402,868	

⁽a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
								Reserve Liability			
NAIC					Type of			Other Than for	Reinsurance Payable	Modified	
Company	ID	Effective		Domiciliary			Unearned	Unearned	on Paid and	Coinsurance	Funds Withheld
Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Under Coinsurance
0399999. To						0	0	0	0	0	0
0699999. To						0	0	0	0	0	0
0799999. To						0	0	0	0	0	0
1099999. To						0	0	0	0	0	0
		m of 0399999 a				0	0	0	0	0	0
1299999. To	otal Non-U.S.	. (Sum of 06999	999 and 0999999)			0	0	0	0	0	0
		· · · · · · · · · · · · · · · · · · ·									
									-		-
		· · · · · · · · · · · · · · · · · · ·									
		···							-		
											+
		-							<u> </u>		<u> </u>
9999999 - T	otals					0	0	0	0	0	0

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year NAIC Company Effective Domiciliary Unpaid Losses Name of Company Paid Losses Code Number Date Jurisdiction 0399999. Total Life and Annuity - U.S. Affiliates 0 0699999. Total Life and Annuity - Non-U.S. Affiliates 0799999. Total Life and Annuity - Affiliates 0 1099999. Total Life and Annuity - Non-Affiliates 0 0 1199999. Total Life and Annuity 0 1499999. Total Accident and Health - U.S. Affiliates 0 0 0 .11,000 0 .98,528 98,528 MO. 11,000 2199999. Total Accident and Health - Non-Affiliates 2299999. Total Accident and Health 98,528 98,528 11,000 11,000 2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) 2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 20999999) 98,528 11,000

9999999 Totals - Life, Annuity and Accident and Health

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

NAIC Company ID Effective Domi- Company ID Effec				. I tomburu			1		inparty as of becc	ember 31, Gurrent Ye				
Name	1	2	3	4	5	6	7	8	9	10			13	14
Code Name Code Name of Company D Effective Name of Company diction Type Coded Premiums (Estimated) Premiums Current Veer Prior Year Reserve Co. 0399999. Total General Account - Authorized U.S. Affiliates 0 0 0 0 0 0 0 0 0											11	12		
Code Number Date Number Date Number Date Coded Premiums Current Year Prior Year Reserve Coded Premiums Current Year Prior Year Reserve Coded Cod	_													Funds Withheld
Cossages Total General Account - Authorized No. Authorized No. Cossages Costa General Account - Authorized No. Costa Costa Costa						_								Under
December Authorized Nor-U.S. Affiliates 0 0 0 0 0 0 0 0 0					diction	Type	Ceded	Premiums	(Estimated)	Premiums			Reserve	Coinsurance
10799999 Total General Account - Authorized Anni Listo SPP USA SILVIG UC 210,969 0 0 0 0 0 0 0 0 0								•	0	0	•	0	0	0
388								0	0	0	0	0	0	0
0.00000000000000000000000000000000000								0	0	0	0	0	0	0
1099999-Total General Account - Authorized Non-Affiliates					USA	SSL/A/G	_ MC		0	0		0	0	0
1199999. Total General Account - Lonauthorized U.S. Affiliates 20,949 0 0 0 0 0 0 0 0 0								,	0	0	•	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates									0	0	•	0	0	0
1799999. Total General Account - Unauthorized Mrillates								210,949	0	0	0	0	0	0
1999999. Total General Account - Unauthroized Mon-Affiliates								0	0	0	0	0	0	0
2199999. Total General Account - Lanuthorized Mon-Affiliates								0	0	0	•	0	0	0
2299999. Total General Account - Certified US. Affiliates 0 0 0 0 0 0 0 0 0								0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates								0	0	0	0	0	0	0
289999. Total General Account - Cartified Mon-US. Affiliates 0 0 0 0 0 0 0 0 0	2299999.	Total General	Account Una	authorized				0	0	0	0	0	0	0
2999999. Total General Account - Certified Minilates 0 0 0 0 0 0 0 0 0	2599999.	Total General	Account - Ce	ertified U.S. Affiliates				0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates 0 0 0 0 0 0 0 0 0	2899999.	Total General	Account - Ce	ertified Non-U.S. Affiliates				0	0	0	0	0	0	0
3399999. Total General Account Certified 0 0 0 0 0 0 0 0 0	2999999.	Total General	Account - Ce	ertified Affiliates				0	0	0	0	0	0	0
3499999. Total Separate Accounts - Authorized U.S. Affiliates	3299999.	Total General	Account - Ce	ertified Non-Affiliates				0	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates	3399999.	Total General	Account Cer	tified				0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates	3499999.	Total General	Account Aut	horized, Unauthorized and Certified				210,949	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Non-Affiliates	3799999.	Total Separat	e Accounts -	Authorized U.S. Affiliates				0	0	0	0	0	0	0
Adapsops	4099999.	Total Separat	e Accounts -	Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
459999. Total Separate Accounts Authorized U.S. Affiliates	4199999.	Total Separat	e Accounts -	Authorized Affiliates				0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates 0 <t< td=""><td>4499999.</td><td>Total Separat</td><td>e Accounts -</td><td>Authorized Non-Affiliates</td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></t<>	4499999.	Total Separat	e Accounts -	Authorized Non-Affiliates				0	0	0	0	0	0	0
Signature State	4599999.	Total Separat	e Accounts A	uthorized				0	0	0	0	0	0	0
Scale Scal	4899999.	Total Separat	e Accounts -	Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates 0 <td< td=""><td>5199999.</td><td>Total Separat</td><td>e Accounts -</td><td>Unauthorized Non-U.S. Affiliates</td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></td<>	5199999.	Total Separat	e Accounts -	Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized 0 <td< td=""><td>5299999.</td><td>Total Separat</td><td>e Accounts -</td><td>Unauthorized Affiliates</td><td></td><td></td><td>Ì</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></td<>	5299999.	Total Separat	e Accounts -	Unauthorized Affiliates			Ì	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates 0	5599999.	Total Separat	e Accounts -	Unauthorized Non-Affiliates				0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5699999.	Total Separat	e Accounts U	Inauthorized				0	0	0	0	0	0	0
639999. Total Separate Accounts - Certified Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5999999.	Total Separat	e Accounts -	Certified U.S. Affiliates			Ì	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6299999.	Total Separat	e Accounts -	Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6399999.	Total Separat	e Accounts -	Certified Affiliates				0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6699999.	Total Separat	e Accounts -	Certified Non-Affiliates				0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 4299999, 4899999, 5399999 and	6799999.	Total Separat	e Accounts C	Certified			Ì	0	0	0	0	0	0	0
	6899999.	Total Separat	e Accounts A	uthorized, Unauthorized and Certified			Ì	0	0	0	0	0	0	0
	6999999.	Total U.S. (Su	um of 039999	9, 0899999, 1499999, 1999999, 2599999, 3099999, 379	9999, 4299999, 489	9999, 5399999	9, 5999999 and							
		6499999)				•		0	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 4399999, 4399999, 5499999, 6299999				99999, 0999999, 1799999, 2099999, 2899999, 3199999	, 4099999, 4399999,	, 5199999, 549	99999, 6299999							
and 6599999) 0 0 0 0 0 0			9)	<u> </u>					0	0	0	0	0	0
9999999 - Totals 0 0 0 0 0 0 0	9999999 -	Totals						210,949	0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

					terrisurance de	aca to chaatile	nzea companie							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
									Issuing or		Funds			Sum of Cols.
					Paid and				Confirming		Deposited by			9+11+12+13
NAIC					Unpaid Losses				Bank		and Withheld		Miscellaneous	+14 but not in
Company	ID	Effective		Reserve	Recoverable		Total	Letters of	Reference	Trust	from		Balances	Excess of
Code	Number	r Date	Name of Reinsurer	Credit Taken	(Debit)	Other Debits	(Cols.5+6+7)	Credit	Number (a)	Agreements	Reinsurers	Other	(Credit)	Col. 8
0399999.	Total Gene	eral Account -	Life and Annuity U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0699999.	Total Gene	eral Account -	Life and Annuity Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0799999.	Total Gene	eral Account -	Life and Annuity Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1099999.	Total Gene	eral Account -	Life and Annuity Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1199999.	Total Gene	eral Account L	ife and Annuity	0	0	0	0	0	XXX	0	0	0	0	0
1499999.	Total Gene	eral Account -	Accident and Health U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1799999.	Total Gene	eral Account -	Accident and Health Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1899999.	Total Gene	eral Account -	Accident and Health Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2199999.	Total Gene	eral Account -	Accident and Health Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2299999.	Total Gene	eral Account A	ccident and Health	0	0	0	0	0	XXX	0	0	0	0	0
2399999.	Total Gene	eral Account		0	0	0	0	0	XXX	0	0	0	0	0
2699999.	Total Sepa	rate Accounts	s - U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2999999.	Total Sepa	rate Accounts	s - Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3099999.	Total Sepa	rate Accounts	s - Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3399999.	Total Sepa	rate Accounts	s - Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3499999.	Total Sepa	rate Accounts	}	0	0	0	0	0	XXX	0	0	0	0	0
3599999.	Total U.S.	(Sum of 0399	999, 0899999, 1499999, 1999999, 2699999 and 3199999)	0	0	0	0	0	XXX	0	0	0	0	0
3699999.	Total Non-	U.S. (Sum of	0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	0	0	0	0	0	XXX	0	0	0	0	0
									·····					
9999999	 Totals 			0	0	0	0	0	XXX	0	0	0	0	0

(a)	Issuing or Confirming Bank	Letters of			
	Reference	Credit	American Bankers Association		Letters of
	Number	Code	(ABA) Routing Number	Issuing or Confirming Bank Name	Credit Amount
	·				

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

Percent Certified Certified Certified Collateral Collatera									Reinst	ırance Cec	led to Cer	tified Reins	surers as c	t Decembe	r 31, Curr	ent Year (U	000 Omitte	d)								
Certified Collateral Coll	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral					23	24	25	26		
Percent Perc																16	17	18	19	20	21	22		Percent		1
Percent Certified Certified Collateral Collater																								Credit		1
Parcent Collateral Collat																							Percent	Allowed		Liability for
Percent Certified Recover Company D Effective Company D Effective Code Number Date Name of Reinaurer Global of September Code Number Date Recover Code Number Date Code Number Code Number Date Code Number Code Number Date Code Number																							of	on Net		Reins-
Conffied Rein Conffied Rein Collateral Regulared Conffied Rein Collateral Regulared Conffied Regulared															Dollar								Collateral	Obli-	Amount of	urance
Rein- Subject Rejured Company D								Percent				Total			Amount of								Provided	gation	Credit	with
NAIC Company Date Name of Reinsurer Date Name of Reinsurer Company Date Company Date Name of Reinsurer Company								Collat-																		Certified
NATIC Common Co						Rein-		eral																		Reinsurers
Column Date Column Dat														Subject												
Day Day Day Day Day Code Number Date Name of Reinsurer Day Day						Rating							Miscellan-													
Col. Number Date Name of Reinsurer diction 6 Rating 100% Taken (Debit) Debits 10+11 (Credit) 13 Col. 8 Trust of Credit (a) ments Reinsurers Other 20+21 Col. 14 100% Col. 25 Col. 25						(1																				
0399999 Total General Account - Life and Annuity U.S. Affiliates		ID.				through								`												
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						6)	Rating	100%)	Taken	(Debit)	Debits	10 + 11)	(Credit)	13)	Col. 8)	Trust	of Credit	(=1)	ments	Reinsurers	Other	/			Col. 24)	Col. 25)
0799999. Total General Account - Life and Annuity Affiliates 0									0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
1099999. Total General Account - Life and Annuity Non-Affiliates						iates			0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
1199999. Total General Account - Accident and Health U.S. Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
1499999. Total General Account - Accident and Health U.S. Affiliates 0 <td< td=""><td></td><td colspan="7"></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td>0</td><td>0</td></td<>									0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
1899999. Total General Account - Accident and Health Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
2199999. Total General Account - Accident and Health Non-Affiliates 0						Affiliates			0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
2299999. Total General Account Accident and Health 0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td></td><td></td><td>0</td><td>0</td></t<>									0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
2399999. Total General Account 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					Non-Affilia	ates			0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
2699999. Total Separate Accounts - U.S. Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates 0	239999	99. Total G	eneral Acc	ount					0	0	0	0	0	0	0	0	0		0	0	0	0	XXX		0	0
3099999. Total Separate Accounts - Affiliates 0 0 0 0 0 0 0 0 0 0 XXX 0 0 0 0 XXX XXX 0 0 0 3399999. Total Separate Accounts - Non-Affiliates 0 0 0 0 0 0 0 0 0 0 XXX XXX 0 0 0 0 0									0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
3399999. Total Separate Accounts - Non-Affiliates 0 0 0 0 0 0 0 0 0 XXX XX 0 0 0 0 XXX XXX 0	299999	99. Total S	eparate Ac	counts - Non-U.S. Affiliates					0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
									0	0	0	0	0	0	0	0	0		0	0	0	0			0	0
	339999	99. Total S	eparate Ac	counts - Non-Affiliates					0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	0
	3499999. Total Separate Accounts								0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999) 0 0 0 0 0 0 XXX XX 0 0 0 0 XXX XXX 0									0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	0
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2999999 and								nd																		
3299999) 0 0 0 0 0 0 0 0 XXX 0 0 0 0 XXX XXX 0	L	329999	99)						0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	XXX	XXX	0	0
9999999 - Totals 0 0 0 0 0 0 XXX XXX 0 0 0 XXX XXX 0 0	00000	000 Total	ļ		.			+	^	^						^	^		^	^	^	^			^	

(a)	Issuing or Confirming Bank Reference	Letters of Credit	American Bankers Association		Letters of
	Number	Code	(ABA) Routing Number	Issuing or Confirming Bank Name	Credit Amount
			-	-	

SCHEDULE S - PART 6 Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted) 1 2 3 4 5													
		1 2014	2013	2012	2011	2010							
		2011	20.0	20.2	2011	2010							
	A. OPERATIONS ITEMS												
1.	Premiums	0	0	0	0	0							
2.	Title XVIII - Medicare	0	0	0	0	0							
3.	Title XIX - Medicaid	211	372	102	99	105							
4.	Commissions and reinsurance expense allowance	0	0	0	0	0							
5.	Total hospital and medical expenses	0	0	0	0	0							
	B. BALANCE SHEET ITEMS												
6.	Premiums receivable	0	0	0	0	0							
7.	Claims payable	11	167	0	0	0							
8.	Reinsurance recoverable on paid losses	99	3	63	0	0							
9.	Experience rating refunds due or unpaid	0	0	0	0	0							
10.	Commissions and reinsurance expense allowances due	0	0	0	0	0							
11.	Unauthorized reinsurance offset		0	0	0	0							
12.	Offset for reinsurance with Certified Reinsurers	0	0	0	xxx	xxx							
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)												
13.	Funds deposited by and withheld from (F)	0	0	0	0	0							
14.	Letters of credit (L)	0	0	0	0	0							
15.	Trust agreements (T)	0	0	0	0	0							
16.	Other (O)	0	0	0	0	0							
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)												
17.	Multiple Beneficiary Trust	0	0	0	xxx	xxx							
18.	Funds deposited by and withheld from (F)	0	0	0	xxx	xxx							
19.	Letters of credit (L)	0	0	0	xxx	xxx							
20.	Trust agreements (T)	0	0	0	xxx	xxx							
21.	Other (O)	0	0	0	XXX	XXX							

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	19,932,595	0	19,932,595
2.	Accident and health premiums due and unpaid (Line 15)	90,531	0	90,531
3.	Amounts recoverable from reinsurers (Line 16.1)	98,528	0	98,528
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	992,520	0	992,520
6.	Total assets (Line 28)	21,114,174	0	21,114,174
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	7, 197, 662	0	7, 197, 662
8.	Accrued medical incentive pool and bonus payments (Line 2)	790 , 185	0	790 , 185
9.	Premiums received in advance (Line 8)	0	0	0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14.	All other liabilities (Balance)	4,631,987	0	4,631,987
15.	Total liabilities (Line 24)	12,619,834	0	12,619,834
16.	Total capital and surplus (Line 33)	8,494,340	XXX	8,494,340
17.	Total liabilities, capital and surplus (Line 34)	21, 114, 174	0	21,114,174
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	. 0		
23.	Total ceded reinsurance recoverables	. 0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories Direct Business Only

1 2 3 4 5 5 16 16 16 16 16 16	6
Carry and Individual Carry and Individual Individual Carry and Individual Carry and Individual Carry and Individual Carry and Individual Individua	
States Etc.	
1. Alabama	
2. Alaska	Totals
3. Arizona	0
4. Arkansas AR 0 0 0 0 0 5. California CA 0 0 0 0 0 0 6. Colorado CO 0 0 0 0 0 0 0 7. Connecticut CT 0 <t< td=""><td>0</td></t<>	0
4. Arkansas AR 0 <t< td=""><td>0</td></t<>	0
5. California CA 0	0
6. Colorado CO 0 <t< td=""><td>0</td></t<>	0
7. Connecticut CT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0
8. Delaware DE 0 <t< td=""><td>0</td></t<>	0
9. District of Columbia DC 0 <td>0</td>	0
9. District of Columbia DC 0 <td>0</td>	0
10. Florida	0
11. Georgia GA	0
12 Hawaii	0
13. Idaho	0
14. Illinois IL 0 <	0
14. Illinois IL 0 <	0
15. Indiana IN 0 <t< td=""><td>0</td></t<>	0
16. lowa	0
17. Kansas KS 0 <td< td=""><td>0</td></td<>	0
18. Kentucky KY 0 0 0 0 0 0 19. Louisiana LA 0 0 0 0 0 0 0 20. Maine ME 0 0 0 0 0 0 0 21. Maryland MD 0	0
18. Kentucky KY 0 <	0
19. Louisiana LA .0 0 .0	0
20. Maine ME 0 0 0 0 0 0 21. Maryland MD 0	۸
21. Maryland MD 0 <	
22. Massachusetts MA 0	0
23. Michigan MI 0 <	0
24. Minnesota MN 0	0
24. Minnesota MN 0 0 0 0 0 0 25. Mississippi MS 0 0 0 0 0 0 0 26. Missouri MO 0 0 0 0 0 0 0 27. Montana MT 0 0 0 0 0 0 0 28. Nebraska NE 0 0 0 0 0 0 0 29. Nevada NV 0 0 0 0 0 0 0 30. New Hampshire NH 0 0 0 0 0 0 31. New Jersey NJ 0 0 0 0 0 0 32. New Mexico NM 0 0 0 0 0 0	0
25. Mississippi MS 0	0
26. Missouri MO 0 <	
27. Montana MT 0 <t< td=""><td>0</td></t<>	0
28. Nebraska NE 0 <	0
29. Nevada NV 0 0 0 0 0 30. New Hampshire NH 0 0 0 0 0 31. New Jersey NJ 0 0 0 0 0 32. New Mexico NM 0 0 0 0 0	0
29. Nevada NV 0 0 0 0 0 30. New Hampshire NH 0 0 0 0 0 31. New Jersey NJ 0 0 0 0 0 32. New Mexico NM 0 0 0 0 0	0
30. New Hampshire NH 0 0 0 0 0 31. New Jersey NJ 0 0 0 0 0 32. New Mexico NM 0 0 0 0 0 0	
31. New Jersey NJ 0	0
32. New Mexico	0
	0
33. New York NY 0 0 0 0	0
	0
34. North Carolina	0
35. North Dakota	0
36. Ohio	0
37. Oklahoma	0
38. Oregon OR 0 0 0 0 0	0
39. Pennsylvania PA0000000	n
	۰
	0
41. South Carolina SC	0
42. South Dakota0000000	0
43. Tennessee TN0000000	0
44. Texas TX 0 0 0 0 0	0
1/1 19/00	Λ
46. Vermont	0
47. Virginia0000000	0
48. Washington WA 0 0 0 0	0
49. West Virginia0000000	0
	Λ
	۰
51. Wyoming	0
52. American Samoa	0
53. Guam	0
54. Puerto Rico PR	0
55. U.S. Virgin Islands VI 0 0 0 0 0 0	0
	۰
	0
57. Canada	0
58. Aggregate Other Alien OT 0 0 0 0 0 0 0	0
59. Total 0 0 0 0 0	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
											Type	If		
											of Control	Control		
											(Ownership,	is		
						Name of Securities			Relation-		Board,	Owner-		
						Exchange		Domi-	ship		Management,	ship		
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence.	Percen-	Ultimate Controlling	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	*
			38-1490180	0	0		CARSON CITY HOSPITAL	MI		SPARROW HEALTH SYSTEM	Influence		SPARROW HEALTH SYSTEM	0
			38-3218134	0	0		SPARROW IONIA HOSPITAL	MI	NIA	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	0
			38-6100687	0	0		SPARROW FOUNDATION	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	0
			38-2594856	0	0		PHYSICIANS HEALTH NETWORK	MI	NIA	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	0
			38-2543305	0	0		SPARROW COMMUNITY CARE	MI	NIA	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	0
			14-1885340	0	0		SPARROW SPECIALTY HOSPITAL	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	0
			38-1358172	0	0		SPARROW CLINTON HOSPITAL	MI	NIA	SPARROW HEALTH SYSTEM	Ownership		SPARROW HEALTH SYSTEM	0
			38-1360584	0	0		EW SPARROW HOSPITAL ASSOCIATION	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	_100.000	SPARROW HEALTH SYSTEM	0
			38-2595963	0	0		SPARROW DEVELOPMENT, INC	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	0
			38-3075242	0	0		SPARROW CLINICAL RESEARCH NSTITUTE	MI	NIA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	0
3408	PHYSICIANS HEALTH PLAN	95849	38-2356288	0	0		PHYSICIANS HEALTH PLAN	MI	IA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	0
3408	PHYSICIANS HEALTH PLAN	11537	36-4497604 .	0	0		SPARROW PHP	MI	IA	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	0
3408	PHYSICIANS HEALTH PLAN	12816	20-5565219	0	0		PHP INSURANCE COMPANY	MI	IA	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	0
	PHYSICIANS HEALTH PLAN		38-3344741 .	0	0		PHP SERVICE COMPANY	MI	NIA	PHYSICIANS HEALTH PLAN	Ownership.	100.000	SPARROW HEALTH SYSTEM	0
	PHYSICIANS HEALTH PLAN		38-3361367	0	0		PHP SHARED SERVICES, LLC	MI	NIA	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	0

Asterisk	Explanation

SCHEDULE Y

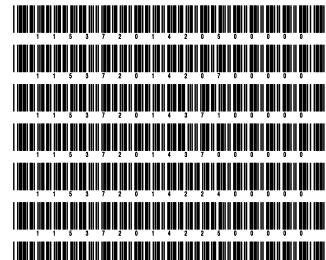
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		1 7111 4				IIIAIIOAC	TIONS W					
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material Activity Not in the		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC					Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	38-2594856	Physicians Health Network	0	0	0	0	185 , 127 , 531	0		0	185 , 127 , 531	0
95849	38-2356288	Physicians Health Plan	0	(500,000)	0	0	(134,648,757)			0	(135,148,757)	0
11537	36-4497604	Sparrow PHP	L0 L	0	0	0	(52,540,698)			0	(52,540,698)	0
	38-3344741	PHP Service Company	0	500,000	0	0	(3,787,425)	0		0	(3,287,425)	0
12816	20-5565219	PHP Insurance Company	0	0	0	0	(5,650,227)	0		0	(5,650,227)	0
	38-1360584	Sparrow Health System	0	0	0	0	11,499,575	0		0	11,499,575	0
		· ·										
									-	†		
										†		
										 		
									·			
			 							 		
									·			
			_			_		_			_	
9999999 Cd	ontrol Lotals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
	· · · · · · · · · · · · · · · · · · ·	
2.	Will an actuarial opinion be filed by March 1?	
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
_		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	
٠.	Will the According and Floatin Folio, Experience Exhibit be filed by April 1:	ILO
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	
٥.	The resident of the state of th	TEO
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
	, ,	
	The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company described in the following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company described in the following supplemental reports are required to be filed as part of your annual statement filing.	oes not transact the type of
	business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE	report and a bar code will
	be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provi	
	the interrogatory questions.	ac an explanation lenothing
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	
	be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of	
	domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	
		ILO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed	NO
	electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed	
	electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically	
	with the NAIC by March 1?	NO
	APRIL FILING	
~ 4		\/F0
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	
		INO
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the	110
	NAIC by April 1?	NO
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
	Explanations:	
	Explanations.	
11.		
12.		
13.		
15.		
16.		
18.		
19.		
20.		
22.		
23.		
	Entity in a Madicaid cally LIMO. Day NAIC instructions the Entity is considered Covernment Business and is not very ived to complete this	
24.	Entity is a Medicaid only HMO. Per NAIC instructions the Entity is considered Government Business and is not required to complete this	
	supplement.	
25.	Entity is a Medicaid only HMO. Per NAIC instructions the Entity is considered Government Business and is not required to complete this	
	supplement.	
	··	
	Pay Codesi	
	Bar Codes:	
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	#
		#
		1 ŠELII ŠELII ŠELI IREI
	1 1 5 3 7 2 0 1 4 3 6 0 0 0	
12.	Life Supplement [Document Identifier 205]	#
		# BB BB B # BB
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	1 1 5 3 / 2 U 1 4 2 U 5 U 0	U U U
13.	Property/Casualty Supplement [Document Identifier 207]	// BB) BB) B 8 BB
		// BB(BB(BB(
	1 1881 81 181 81 81 181 18 181 181 181	A ŠELII ŠELII ŠELI IERI
	1 1 5 3 7 2 0 1 4 2 0 7 0 0	U 0 0
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	// BBI BBI BBI BBI
		// BB BB BB
		A 881 II 881 II 8 6 1 I 1881
	1 1 5 3 7 2 0 1 4 3 7 1 0 0	0 0 0
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	// BBI BBI BBI BBI
		// BB(BB(BB(1881
		# BB BB B # BB
	1 1 5 3 7 2 0 1 4 3 7 0 0 0	0 0 0
18.	Relief from the five-year rotation requirement for lead audit partner [Document	// BB BB BB 1881
	Relief from the five-year rotation requirement for lead audit partner [Document	A 881 881 8 6 1 188 1
	· · · · · · · · · · · · · · · · · · ·	4



Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

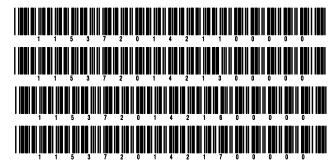
Relief from the Requirements for Audit Committees [Document Identifier 226]

19.

20.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 22. Life Supplement [Document Identifier 211]
- 23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]
- 24. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]





SUPPLEMENT FOR THE YEAR 2014 OF THE Sparrow PHP

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

o Gibl	up Code 3408	Individual	Filed by March 1) Coverage	Group Co		C Company Code 11537	
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash	
1. Pr	remiums Collected						
1.1	1 Standard Coverage						
	1.11 With Reinsurance Coverage	0	xxx	0	xxx		
	1.12 Without Reinsurance Coverage		xxx	0	XXX		
	1.13 Risk-Corridor Payment Adjustments			0	XXX		
4 (2 Supplemental Benefits		XXX	0	XXX		
	remiums Due and Uncollected-change						
2.1	1 Standard Coverage						
	2.11 With Reinsurance Coverage		XXX			XXX	
	2.12 Without Reinsurance Coverage		XXX	0	XXX	XXX	
2.2	2 Supplemental Benefits	0	XXX	0	XXX	XXX	
3. Ur	nearned Premium and Advance Premium-change						
3.1	1 Standard Coverage						
	3.11 With Reinsurance Coverage	0	XXX	0	xxx	XXX	
	3.12 Without Reinsurance Coverage			0	XXX	XXX	
3.2	2 Supplemental Benefits		xxx	0	xxx	XXX	
	sk-Corridor Payment Adjustments-change						
	1 Receivable	٨	xxx	0	XXX	XXX	
			2004				
	2 Payable	0	XXX		XXX	XXX	
	arned Premiums						
5.1	1 Standard Coverage						
	5.11 With Reinsurance Coverage		XXX	0	XXX	XXX	
	5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX	
	5.13 Risk-Corridor Payment Adjustments	0	XXX	0	XXX	XXX	
5.2	2 Supplemental Benefits	0	XXX	0	XXX	XXX	
6. To	otal Premiums	0	xxx	0	xxx		
	aims Paid						
	1 Standard Coverage						
,.	7.11 With Reinsurance Coverage	0	XXX	0	XXX		
_	7.12 Without Reinsurance Coverage						
	2 Supplemental Benefits	0	XXX	0	XXX		
8. Cla	aim Reserves and Liabilities-change						
8.1	1 Standard Coverage						
	8.11 With Reinsurance Coverage		XXX		XXX	XXX	
	8.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX	
8.2	2 Supplemental Benefits	0	XXX	0 [.	XXX	XXX	
	ealth Care Receivables-change						
9.1	1 Standard Coverage						
	9.11 With Reinsurance Coverage	0	XXX	0	XXX	XXX	
	9.12 Without Reinsurance Coverage		XXX	T-		XXX	
0.1	2 Supplemental Benefits			0			
					XXX	XXX	
	aims Incurred						
10	0.1 Standard Coverage	_		_			
	10.11 With Reinsurance Coverage		XXX		XXX		
	10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX	
10	0.2 Supplemental Benefits	0	XXX	0	XXX	XXX	
1. To	otal Claims	0	XXX	0	XXX		
	einsurance Coverage and Low Income Cost Sharing						
12	2.1 Claims Paid - Net of Reimbursements Applied	XXX	0	XXX	0		
12	2.2 Reimbursements Received but Not Applied- change	xxx		XXX	0		
12	2.3 Reimbursements Receivable-change	XXX	0	XXX	0	XXX	
12	2.4 Health Care Receivables-change	XXX	0	xxx	0	XXX	
		0	0	0	0	XXX	
_	kpenses Paid						
	kpenses Incurred			0	XXX	XXX	
	nderwriting Gain/Loss	0	XXX	0	XXX	XXX	
	ash Flow Results	XXX	XXX	XXX	XXX	////	

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